

**HAND
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LEGISLATIVE RESOURCE CENTER
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U.S. HOUSE OF REPRESENTATIVES

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B

For use by candidates and new employees

Period covered: January 1, 2012 - NOVEMBER 30 2013

Name: ANDREW M TOBIN SR Daytime Telephone: _____

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Candidate for the House of Representatives	State: <u>ALABAMA</u> District: <u>2ND</u>	Date of Election: <u>8-26-2014</u>	Check if Amendment	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
	<input type="checkbox"/> New officer or employee	Employing Office: _____			

In all sections, please type or print clearly in blue or black ink.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "unearned" income (e.g., salaries or fees) of \$250 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$250 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "accepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Source (include date of receipt for honorarium)

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FREDDE NA² For additional assets and unearned income, use next page.

Contribution Sheet (if needed)

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Position	Name of Organization
DIRECTOR	CONROY HOUSE CHARITABLE FOUNDATION
OFFICER	FAME EXPANDING INSURANCE BUSINESS OWNED BY ANDREW TABBIN SON, ANDY ARIZONA STATE LEGISLATURE ARIZONA STATE HOUSE RULES COMMITTEE IN FA
SPEAKER OF HOUSE MEMBER	ANDREW TABBIN INSURANCE SALES
OWNER, SALE PROPRIETORSHIP	

SCHEDULE V - AGREEMENTS

Name: Andrew M Tobin Sr Page 6 of 6

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
1994	Blue Cross Blue Shield of AZ	TRAILING COMMISSIONS
1997	AZ School Board Association	TRAILING COMMISSIONS
2006	AZ Elected Officials' Retirement Plan	Elected Officials' Retirement Plan
2007	CENTRE MGMT CO LLC	TRAILING COMMISSIONS

SCHEDULE VI - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Accounting services	Brief Description of Duties
Example: Doe Jones & Smith, Homeless, Homeless		
CENTRE MGMT CO LLC ST LOUIS, MO	INSURANCE SALES FOR ANDREW TOBIN INSURANCE	
Blue Cross Blue Shield of AZ Phoenix, AZ	INSURANCE SALES FOR ANDREW TOBIN INSURANCE	
PREMIER HEALTHCARE INC Phoenix, AZ	INSURANCE SALES FOR ANDREW TOBIN INSURANCE	